

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023587

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 157

FILED JUL 8 1963

## 1. PLACE OF DEATH

a. COUNTY

Cedar

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

El Dorado Springs 1 week.

c. FULL NAME OF (If NOT in hospital, give location)

Cedar Co. Memorial Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Cedar

admission)

c. CITY

OR

TOWN

El Dorado Springs

Inside Limits

Yes ☐ No ☒

d. STREET

ADDRESS

Route # 3

(If outside, give location)

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Robert

R.

Hunt

## 4. DATE OF DEATH

Month

Day

Year

June-30-1963

## 5. SEX

M

## 6. COLOR OR RACE

W

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

## 8. DATE OF BIRTH

Feb-5-1883

80

## 9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Terico Springs Mo. U. S. A.

12. CITIZEN OF WHAT COUNTRY

## 13a. FATHER'S NAME

Willis Hunt

## 13b. MOTHER'S MAIDEN NAME

Alice Price

## 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

UNKNOWN

## 16. SOCIAL SECURITY NO.

17. INFORMANT Cedar Co. Memorial Hospital Records, El Dorado Spgs Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Adenocarcinoma of lung

INTERVAL BETWEEN ONSET AND DEATH

year

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Acute congestive heart failure

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6/17/63

to 6/30/63

and last saw him alive on 6/30/63

Death occurred at 8:00

P

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Wm. C. Sunderwirth D.O.

## 22b. ADDRESS

El Dorado Springs, Missouri

## 22c. DATE SIGNED

7/2/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

7-2-1963

## 23c. NAME OF CEMETERY OR CREMATORY

Sandridge Cemetery

## 23d. LOCATION (City, town, or county)

Cedar Co. Mo.

## (State)

## 24. FUNERAL DIRECTOR

Melvin L. JANSSENS, El Dorado Spgs

## ADDRESS

7-4-63

## 25. DATE RECD. BY LOCAL REG.

7-4-63

## 26. REGISTRAR'S SIGNATURE

Joe E. Ashburn M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD-READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

10-10-63

JUL 10 1963

NOV 26 1963

No Permit Obtained

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Melvin L. Janssen

Licensed Embalmer No. 4529

P. O. Address San Diego Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.